

MAR 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this

5507

1. PLACE OF DEATH

County Franklin Registration District No. 318
 Township Franklin Primary Registration District No. 2001
 City Franklin St. Johns Hospital

File No. 161
 Registered No. 161
 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 7817 1/2 W. St. Ward. _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bob Franklin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12 - 1892</u>		
7. AGE <u>43</u>	YEARS	MONTHS
		<u>5</u>
	DAYS	<u>12</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk fall, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

13. NAME James Weaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Anna Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mr. Bob Franklin
(ADDRESS) 7817 1/2 W. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Hospital DATE Feb 25, 1936

19. UNDERTAKER W. W. Weaver
(ADDRESS) 229 W. Weaver

20. FILED 2-27, 1936 Ralph W. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

2/17, 1936, to 2/24, 1936I last saw him alive on 2/24, 1936 Death is saidto have occurred on the date stated above, at 11 4 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

4 days

Other contributory causes of importance:

Parkinson's Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. Ned White, M. D.(Address) City's Bank Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

